About Automobile Insurance
Forms
Licensed Representatives Listings
Enforcement Actions
Publications & Resources
Related Information
Archives
Careers
Explore FSCO
Contact Us

Updated Professional Services Guideline

Bulletin

No. A-08/14
Property & Casualty – Auto

To the attention of all insurance companies licensed to transact automobile insurance in Ontario

With this Bulletin, the Financial Services Commission of Ontario (FSCO) is releasing an updated Professional Services Guideline (Guideline).

The updated Guideline increases the maximum hourly rates for medical and rehabilitation services by 0.9 per cent. This increase is based on the 2013 Consumer Price Index (CPI) and applies to services rendered on or after September 6, 2014.

Insurers are reminded that they are liable to pay for reasonable and necessary medical and rehabilitation expenses described in sections 15 to 17 of the Statutory Accident Benefits Schedule – Effective September 1, 2010 (SABS). The hourly rates and maximum amounts established in the Guideline are to be used to determine the amounts payable for medical and rehabilitation services. Insurers are not liable to pay for expenses that are not listed. For example, expenses for missed or cancelled appointments, rescheduling missed or cancelled appointments, and other non-listed expenses are not payable under the SABS (whether or not they are payable by an insured person).

Insurers and health care providers are also reminded that the amounts payable by insurers for approved assessments or examinations requested by an insured person are subject to the SABS $2,000 limit for any one assessment or examination and also to the hourly rates set out in the Guideline.

NOTE: The bulletins that are posted on this website are provided for historical reference purposes. The information in these bulletins is accurate on the date the information is published, but is subject to change and may be replaced by more recent bulletins.

An order that is made regarding a licence holder reflects a situation at a particular point in time. The status of a licence holder can change. Readers should check the current status of a person's or entity's licence on the **Licensing Link** section of FSCO's website. Readers may also wish to contact the person or entity directly to get additional information or clarification about the events that resulted in the order.

These bulletins may include forms that are no longer up-to-date or accurate. Readers should visit the **forms** section of the FSCO website, to ensure they are using the most recent version of a FSCO form.

Authority

This Guideline is issued by the Superintendent of Financial Services under subsection 268.3 of the Insurance Act and is incorporated by reference in the SABS.

Copies

The updated Guideline is attached for your information and can also be downloaded from the FSCO website at **www.fsco.gov.on.ca**. In addition, the updated Guideline is expected to be published in the September 6, 2014 edition of The Ontario Gazette.

Philip Howell
Chief Executive Officer and
Superintendent of Financial Services

September 5, 2014

Attachment

1. **Professional Services Guideline No. 03/14**

Back to top

Page: **3,953** | Find Page: GO

CONTACT US | SITE MAP | HELP | ACCESSIBILITY | PRIVACY | IMPORTANT NOTICES

Financial Services Commission of Ontario
Commission des services financiers de l'Ontario

September 2014

Professional Services Guideline

Superintendent's Guideline No. 03/14

Introduction

This Guideline is issued pursuant to subsection 268.3 (1) of the Insurance Act for the purposes of subsections 15 (2) (b), 16 (4) (a), 17 (2) and 25 (3) of the Statutory Accident Benefits Schedule – Effective September 1, 2010 (SABS), and applies to expenses related to services rendered on or after September 6, 2014.

The maximum hourly rates and the maximum fees for the forms listed in this Guideline apply to services rendered on or after September 6, 2014, even if they are approved prior to September 6, 2014.

Purpose

This Guideline establishes the maximum expenses payable by automobile insurers under the SABS related to the services of any of the health care professions or health care providers listed in the Guideline. These maximums are applicable to:

- a medical benefit under clauses 15 (1) (a), (b), or (h) of the SABS;
- a rehabilitation benefit under clauses 16 (3) (a) to (g) or (l) of the SABS;
- case management services under subsection 17 (1) of the SABS; or
- conducting an examination, assessment or provision of a certificate, report or treatment plan under subsection 25 (1) 3 of the SABS.

Insurers are not prohibited from paying above any maximum amount or hourly rate established in the Guideline.

Services provided by health care professionals/providers, unregulated providers and other occupations not listed in the Guideline are not covered by the Guideline. The amounts payable by an insurer related to services not covered by the Guideline are to be determined by the parties involved.

Maximum Hourly Rates and Fees

Automobile insurers are not liable to pay for expenses related to professional services rendered to an insured person that exceed the maximum hourly rates set out in the Appendix.

Forms

The maximum fees payable for the listed forms include all examinations, assessments and expenses related to professional services (as referred to below) that are involved in such examinations and assessments, and all other activities, tasks and expenses involved in the completion and submission of forms, whether they are made through the Health Claims for Auto Insurance (HCAI) system or otherwise. Automobile insurers are not liable to pay for any expenses related to the listed forms that exceed the maximum fees set out in the Appendix.

The $200 maximum fee referred to in this Guideline and in Superintendent's Guideline No. 06/10 (July 2010 Professional Services Guideline) for a Treatment and Assessment

Plan (OCF-18) applies only to the services of a health practitioner as referred to in subsection 25 (1) 3 of the SABS, namely reviewing and approving an OCF-18 under subsection 38 (3) (c), including any assessment or examination necessary for the purpose of that review and approval by the heath practitioner. The $200 maximum fee does not apply to assessments or examinations that are proposed in an OCF-18 and that an insurer agrees to pay for under subsection 38 (8) of the SABS.

As stipulated in section 25 (1) 3 of the SABS, the fee for the OCF-18 is payable only if any one or more of the goods, services, assessments or examinations described in the OCF-18 have been:

i. approved by the insurer;
ii. deemed by the SABS to be payable by the insurer; or
iii. determined to be payable by the insurer on the resolution of a dispute in accordance with sections 279 to 283 of the Insurance Act.

Although the SABS does not expressly set out the criteria an insurer is to apply in determining whether or not to agree to pay for a proposed assessment or examination under subsection 38 (8), an insurer should not act arbitrarily or fetter its discretion, but should instead consider each proposed assessment or examination on its merits with regard to the insurer's obligation to adjust and settle claims fairly and without unreasonable delay or resistance.

As provided in subsection 25 (5) (a) of the SABS, an insurer may agree under subsection 38 (8) to pay fees of up to $2,000 for any one assessment or examination proposed in an OCF-18.

Expenses Related to Professional Services

"Expenses related to professional services" as referred to in the SABS and the *Professional Services Guideline* include all administration costs, overhead, and related costs, fees, expenses, charges and surcharges. Insurers are not liable for any administration or other costs, overhead, fees, expenses, charges or surcharges that have the result of increasing the effective hourly rates, or the maximum fees payable for completing forms, beyond what is permitted under the *Professional Services Guideline*.

In addition, insurers are not liable to pay any amount for appointments that are missed or cancelled by an insured person, or for costs of rescheduling such appointments.

Collateral Benefits

In respect of any expense referenced in this Guideline or in previous Superintendent's *Professional Services Guidelines*, the amount which an insurer would otherwise be liable to pay is subject to reduction by that portion of the expense for which payment is reasonably available under any insurance plan or law, or under any other plan or law.

Harmonized Sales Tax (HST)

The applicability of the HST to the services of any health care professionals or health care providers listed in this Guideline falls under the jurisdiction of the Canada Revenue Agency

(CRA). If the HST is considered by the CRA to be applicable to any of the services or fees listed in this Guideline, then the HST is payable by an insurer in addition to the fees as set out in this Guideline.

APPENDIX – REVISED RATES AND FEES

Health Care Profession or Provider	Maximum Hourly Rate *except catastrophic impairments*	Maximum Hourly Rate *catastrophic impairments**
Chiropractors	$112.81	$135.36
Massage Therapists	$58.19	$89.07
Occupational Therapists	$99.75	$119.92
Physiotherapists	$99.75	$119.92
Podiatrists	$99.75	$119.92
Psychologists and Psychological Associates	$149.61	$179.29
Speech Language Pathologists	$112.22	$134.17
Registered Nurses, Registered Practical Nurses and Nurse Practitioners	$91.43	$109.24
Kinesiologists	$58.19	$89.07
Unregulated Providers		
Case Managers	$58.19	$89.07
Family Counsellors	$58.19	$89.07
Psychometrists	$58.19	$89.07
Rehabilitation Counsellors	$58.19	$89.07
Vocational Counsellors	$58.19	$89.07

*This rate applies to all services rendered on or after September 6, 2014 to an insured person whose impairment is determined to be a catastrophic impairment as defined in the SABS whether such services are rendered before or after such determination is made.

Form	Maximum Payable for Completion of Form
Disability Certificate (OCF-3)	$200.00
Treatment and Assessment Plan (OCF–18)	$200.00
Automobile Insurance Standard Invoice (OCF-21)	$0.00